

10/594873

Application Data Sheet

Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CRF:

Title: HOT-FILL BOTTLE HAVING FLEXIBLE
PORTIONS

Attorney Docket Number: CNST-3610

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: 10

Small Entity?: No

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: India
Status: Full Capacity
Given Name: Monis
Middle Name:
Family Name: Bangi
Name Suffix:
City of Residence: Woodridge
State or Province of Residence: Illinois
Country of Residence: United States of America
Street of mailing address: 7319 Woodward Avenue
City of mailing address: Woodridge
State or Province of mailing address: Illinois
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 60423

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Michael
Middle Name: R
Family Name: Mooney
Name Suffix:
City of Residence: Frankfort
State or Province of Residence: Illinois
Country of Residence: United States of America
Street of mailing address: 21365 Bramble Drive
City of mailing address: Frankfort
State or Province of mailing address: Illinois
Country of mailing address: United States of America
Postal or Zip Code of mailing address: 60423

Correspondence Information

Correspondence Customer No.: 23377

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing
Address:

Phone number:

Fax number:

Representative Information

Representative Customer No.: 23377

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This is	An application claiming the benefit under 35 USC 119(e)	60/558,790	April 1, 2004
This is		11/091,564	March 28, 2005

Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
----------	------------------	--------------	-------------------

Assignee Information

Assignee name:	Constar International Inc.
Street of mailing address:	One Crown Way
City of mailing address:	Philadelphia
State or Province of mailing address:	Pennsylvania
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	19154